



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

Seed Division P.O. Box 3596, Baton Rouge, LA 70821-3596, (225) 925-4733, FAX (225) 925-4124



SEED SAMPLE SUBMISSION FORM

Contact Information

Company Name: _____ Contact Person: _____

Mailing Address: _____

E-mail: _____ Fax: _____

Date: _____ Telephone: _____

Bill testing fees to (if different): _____

Sample Information

Kind: _____ Variety: _____

Lot / ID #: _____

Is this a certified seed lot? Yes _____ No _____ Certified lot number: _____

Sample treated? Yes _____ No _____ Treatment used: _____

Indicate the tests you require on the sample:

<input type="checkbox"/> Germination	<input type="checkbox"/> Roundup Bioassay	<input type="checkbox"/> Noxious Weed Exam
<input type="checkbox"/> Purity	<input type="checkbox"/> Accelerated Aging	
<input type="checkbox"/> Complete Test (Germ / Purity)	<input type="checkbox"/> Texas Cool Test	
<input type="checkbox"/> TZ (Tetrazolium)	<input type="checkbox"/> Red Rice Check	
<input type="checkbox"/> Seed Count	<input type="checkbox"/> Varietal Purity	
<input type="checkbox"/> Clearfield Bioassay	<input type="checkbox"/> Cold Test	
<input type="checkbox"/> Other: _____		

Please indicate services you require on the sample results:

☐ Rush (Additional Fee) ☐ Fax ☐ Telephone ☐ Other _____

☐ Send additional report copies to: Name: _____

Address: _____

E-mail: _____

Fax: _____

Comments: _____